



Raleigh Parks and Recreation's

CAPS

Community After School
Programs



RALEIGH PARKS AND RECREATION
919-996-4800 select option 2 | parks.raleighnc.gov

CAPS

Community After school Programs

The City of Raleigh Parks and Recreation Department is offering our Community Afterschool Program (CAPS) at several local community centers in the City of Raleigh.

This school-age program is **free**. We provides recreation activities, homework assistance, and crafts. CAPS is for children kindergarten-6th grade and follows the Wake County traditional school calendar.

Program times may vary. For more information please contact a participating center.

Biltmore Hills

2615 Fitzgerald Dr 27610
(919)831-6895

Carolina Pines

2305 Lake Wheeler Rd 27603
(919)831-6435

Chavis

505 MLK Jr. Blvd 27601
(919) 831-6989

Halifax

1015 Halifax St 27604
(919) 831-6378

Lions Park

516 Dennis Ave. 27604
(919) 831-6995

Peach Rd

911 Ileagnes Rd. 27603
(919) 807-8545

Ralph Campbell

756 Lunar Dr. 27610
(919) 250-2757

Roberts Park

1300 E. Martin St 27610
(919) 831-6830

Sanderford Rd

2623 Sanderford Rd. 27610
(919) 831-1898

Sgt. Courtney Johnson

1801 Proctor St. 27610
(919) 831- 6719

Tarboro Rd

121 N. Tarboro Rd 27610
(919) 831-6505

Walnut Terrace

111 W. Lee St. 27601
(919)831-6155

Worthdale

1001 Cooper Rd. 27610
(919) 250-2730

Participant Registration

Health Information

The Raleigh Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. To aid staff in making accommodations, registration should be received two weeks prior to the start of a program. Special Medical Circumstances: (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City if Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professionals to assess their participant's fitness to take parting our After Schools. It is required that parents or guardians provide in writing any additional instructions for their participant. The written instruction should be developed with the assistance of their participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the participant.

Please answer yes or no to ALL items. Please use space below to provide additional details on boxes checked Yes.

yes ☐ no ☐ ADHD / ADD

yes ☐ no ☐ Autism / Asperger's

yes ☐ no ☐ Developmental Disability

yes ☐ no ☐ Diabetes

yes ☐ no ☐ Down Syndrome

yes ☐ no ☐ Emotional / Behavioral Problem

yes ☐ no ☐ Hearing Impairment

yes ☐ no ☐ Impaired Motor Activity

yes ☐ no ☐ Seizures / Epilepsy

yes ☐ no ☐ Allergies* please see below

yes ☐ no ☐ Asthma

yes ☐ no ☐ Back / Joint Problems

yes ☐ no ☐ Contagious Disease

yes ☐ no ☐ Eyeglasses / Contacts

yes ☐ no ☐ Fainting

yes ☐ no ☐ Heat Stroke / Exhaustion

yes ☐ no ☐ Major Surgery / Illness

yes ☐ no ☐ Motion Sickness

yes ☐ no ☐ Sprain / Fracture / Dislocation

yes ☐ no ☐ Dietary Restrictions: _____

Allergy Type(s): _____

Instructions if participant has an allergic reaction: _____

Please give detailed information for anything checked yes above, activity restrictions or any other special circumstances (use additional pages if necessary): _____

Medical Information

Please list any medication the participant is currently taking (including inhalers for asthma): _____

**If medications need to be administered during program hours, please refer to the Medication/Medical Treatment statement. Additional forms will be required.

I understand that the City of Raleigh provides no insurance coverage for the participants. By signing below I agree that I have read, understand, and agree to the City of Raleigh Parks and Recreation School Based Programs Policies. By signing below I understand I am waiving my legal rights. Also by signing below, I am acknowledging that my participant is physically capable of participating in program activities and the information that I have provided on the Participant Information Form is correct.

Signature is required to complete the registration process.

Participant Name: _____

Parent/Guardian Signature _____ Date _____

Participant Registration

Site: _____

Last Name _____ First Name _____ Preferred Name _____

Address _____ City/State/Zip _____ Home Phone _____

Date of Birth _____ Age _____ Grade (2010–2011) _____ Gender _____

School _____ If year-round school, provide Track # _____

Insurance Carrier & Policy # _____

Name of Child's Doctor, Phone Number & Address _____

Name of Child's Dentist, Phone Number & Address _____

Hospital Preference _____

Parent/Guardian Information (please indicate person who is the main contact)

☐ **Mother/Guardian** Last Name _____ First Name _____

Home # _____ Work# _____ ext. _____ Mobile # _____

Address _____ City/State/Zip _____

Employer _____ Email address _____

☐ **Father/Guardian** Last Name _____ First Name _____

Home # _____ Work# _____ ext. _____ Mobile # _____

Address _____ City/State/Zip _____

Employer _____ Email address _____

**** I authorize my child to walk home from the program at _____ pm. _____ initials**

Emergency Contact (Other Than Parent/Guardian)

Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

Release Authorization

Please list additional names other than the parent/guardian's listed above, 16 years or older, that are allowed to pick up your child(ren).

They will be required to show a picture ID. Please print all names.

1. Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

2. Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

3. Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

☐ Pictures or video may be taken of participants for use in program publicity. Please check if you do not concur.

2010-2011 CAPS Policies

2010-2011 Community After School Programs Policies

Discipline policy

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive and understanding interaction, they can develop good self concept, problem-solving abilities and self-discipline.

Behavior Management Policy

The City of Raleigh Parks and Recreation Department supports and practices the following Behavior Management Policies:

1. Quiet Reprimand/Verbal Warning.
2. If Behavior persists after verbal warning, a Behavior Action Plan will be implemented to identify specific behaviors and work with the participant and parent/guardian to develop appropriate behavior management solutions.
3. After repeated behavior problems, a first written incident report will be given to the parent/guardian.
4. Additional behavior problems will constitute a second written incident report given to parent/guardian and a possible two (2) full day suspension from the program.
5. If negative behavior persists, a third written incident report constitutes that the participant may be suspended from the program. A two (2) full day suspension will be issued to the participant while incidents are being reviewed.
6. For severe offenses, such as but not limited to fighting, theft, vandalism, possession of weapons or drugs, severe verbal threats, sexual misconduct, or any other safety related behavior, the participant may be suspended or dismissed from the program immediately, bypassing any of the steps above.

Confidentiality Policy

Raleigh Parks and Recreation is dedicated to protecting the confidentiality of all program participants. All participants are encouraged to respect the confidentiality of other participants by not disclosing personal information in public displays such as My Space, Facebook, etc. Raleigh Parks and Recreation staff policy states that employees are not to share personal information or pictures about any participants or staff in any public display area such as My Space, Facebook, etc. or discuss any personal information about participants outside of the workplace.

Medication/Medical Treatment

Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. A medication permission form must be signed by a parent or guardian. Every effort will be made to contact parents/guardians in the case of a medical emergency. By signing on page, if I cannot be reached I authorize the City of Raleigh Staff to seek appropriate medical care.

Sickness/Illness

Any participant should remain home from all school programs if they have any of the following in the past twenty-four (24) hours:

Fever (100 degrees or higher without fever reducing medication)

Diarrhea

Vomiting

Sore throat

Contagious conditions (i.e. undiagnosed rash, chicken pox, pink eye, ring worm, lice, etc) After 24 hours, if your participant is symptom free or has been seen by a doctor and is not contagious they may return to the program. If the participant comes sick while at the program, he/she will be separated from the other participants while the parent is called to come and pick them up. For contagious conditions, please contact your school based program director as soon as possible. These conditions will be addressed through the Parks and Recreation Department Illness Guidelines. Please do not bring the participant to the program without discussing the situation with the Program Director.

Inclusion Process

The Raleigh Parks and Recreation Department welcomes all participants into our programs. In order to ensure the success of participants and comply with the ADA, Specialized Recreation Services supports participants with disabilities by completing an individual assessment for each participant to determine if any modifications or accommodations are needed. This process may include, but is not limited to, parent interviews, requests to communicate with participant's teacher and/or classroom observation, creating participant specific materials to assist with daily routines (schedules, behavior management systems, visual prompts, etc.), site-specific staff training, and when necessary, additional staff on site to lower ratios. Registration should be received at least 2 weeks prior to start of program to ensure enough time to make reasonable accommodations as determined.

Non-Discrimination Policy

The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation or disability in employment opportunities or the provision of service, programs or activities. A participant alleging discrimination on the basis of any of the afore mentioned areas may file a complaint with either the Director of the Raleigh Parks and Recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Late Pick Up Policy

Participants that are picked up late from the closing time of the program will be charged a late fee. The fee is as follows: Once the parent/guardian is up to 10 minutes late a \$5 fee will be charged per participant. An additional \$1 per participant will be added for every minute past 10 minutes late. Payment is due at time of late pick-up. Continual late pick ups may lead to dismissal from program in relation to excessive late pick-up policy forms.

Babysitting Policy

Any babysitting arrangements with present or former staff of the Raleigh Parks and Recreation Department are separate and independent from any Departmental program. These arrangements must be based on the independent responsibility and judgment of the parent or guardian. The City of Raleigh Parks and Recreation Department shall not be responsible for any claims or liability in connection with such babysitting activities.

Lost Items

The City of Raleigh Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs.

Release and Indemnity Agreement

I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the Participant Information form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Attendance Policy

Because our program is free, participant attendance is very important. The participant must come a minimum of three days during the week unless tracked out. If you know your child is going to be out due to illness or vacation for more than 5 days, please contact us to let us know. Failure to contact us within 10 business days will result in your child's spot in the program to be given to another participant. If the participant is continually absent it will be at the Facility Director's discretion for grounds of dismissal from the program.